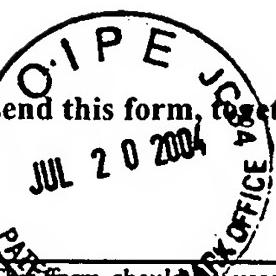


**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail



**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 04/23/2004

**SUGHRUE MION, PLLC**  
2100 Pennsylvania Avenue, NW  
Washington, DC 20037-3213

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/084,471	02/28/2002	Albert Chan	Q68745	6248

TITLE OF INVENTION: RADIOACTIVELY COATED DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/23/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
NICOLAS, WESLEY A	1742		205-316000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

MDS (CANADA) INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KANATA, ONTARIO, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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(Authorized Signature) <i>Bruce E. Kramer</i> Bruce E. Kramer	(Date) 7/20/04 Reg. 33,725
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